

# CAMS-ME PASSWORD RESET REQUEST FORM

## USER INFORMATION

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Phone \_\_\_\_\_

Organization \_\_\_\_\_

Email Address \_\_\_\_\_

## AFFILIATION

☐ Government ☐ Contractor

## SYSTEM (check one)

☐ Network Access (DISA DECC Ogden)

☐ Release 1.1 Portal or GUI User

☐ Release 1.1 Development User ☐ Release 1.1 Quality Assurance System User

☐ Other \_\_\_\_\_  
(please specify)

**USERID FOR SYSTEM SPECIFIED ABOVE:** \_\_\_\_\_

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## FOR HELP DESK TEAM ONLY

**PASSWORD RESET ON** \_\_\_\_\_

**PASSWORD RESET BY** \_\_\_\_\_

**RESET NOTIFICATION EMAIL SENT ON** \_\_\_\_\_

**ADMINITRACK TICKET #** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **CAMS-ME PASSWORD RESET REQUEST FORM Instruction Sheet**

This form will only be used if you already have a CAMS-ME user account established with a valid userid.

PLEASE TYPE OR PRINT LEGIBLY, EXCEPT WHERE SIGNATURES ARE REQUIRED.

**USER INFORMATION:** Please provide all requested information.

Name information: Enter first name, middle initial, last name.

Phone: User's phone number, including area code and extension, if appropriate.

Organization: User's current government organization. .

User Email Address: Email address of the user.

**AFFILIATION:** Please check appropriate box. If you are a government employee, please check "Government." If you are a contractor working in a Government facility, please check "Contractor".

**SYSTEM:** Please select the CAMS-ME system for which you require a password reset. If the system is not indicated beside one of the checkboxes, select "Other" and indicate the appropriate system name in the space provided.

User Id: Include the userid for the system selected .

**EMPLOYEE SIGNATURE:** Please complete this section once this form is completed and has been printed.

**The remainder of the form will be completed by Help Desk personnel, only.**

After all requested information is included, print this form, sign and date where indicated, and fax to the CAMS-ME Help Desk: (614) 693-2733. If desired the user may email the completed and signed form to the following email address: **CAMS-ME-helpdesk@DFAS.MIL.**

You will be notified, via the email address provided on your request form, when your password has been reset. The email will include a temporary password and instructions on how to change the password using system guidelines.

If you do not change the temporary password to a unique password within \_\_\_\_ days, your account will be locked.

PLEASE NOTE THAT INCOMPLETE PASSWORD RESET FORMS WILL NOT BE PROCESSED.